



**TENNESSEE DEPARTMENT OF HEALTH  
BUREAU OF HEALTH SERVICES  
FISCAL AND ADMINISTRATIVE  
CONTRACT MONITORING QUESTIONNAIRE**

<hr style="border: none; border-top: 1px solid black;"/>	
Grantee Name	
<hr style="border: none; border-top: 1px solid black;"/>	
Street Address	(Area code) Telephone Number
<hr style="border: none; border-top: 1px solid black;"/>	
City, State, Zip	Federal ID Number

Executive Director: \_\_\_\_\_

Fiscal Director/Accountant: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

List sources of federal and state funds your agency received through contracts/grants for the current fiscal year.

State Agency	Program	Grant Amount

How long has agency been contracting with the State?      ☐ Less than 1      ☐ Over 2

How many programs are operated by the agency?      ☐ 1-2      ☐ 3-5      ☐ Over 5

Do you have a copy of the "Accounting and Financial Manual For Not For Profit Recipients of Grant Funds in Tennessee"?      ☐ Yes      ☐ No

Date of last independent audit: \_\_\_\_\_

I hereby certify that the information reported is true and correct to the best of my knowledge and belief.

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Signature of Executive Director	Date Signed

## EXISTENCE OF ACCOUNTING RECORDS

	<u>Yes</u>	<u>No</u>	<u>Comment</u>
1. Is there a cash receipts journal?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is there a cash disbursement journal?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is there a general ledger?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is documentation adequate to provide audit trail to/from original source documentation to the books of account?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is the general ledger maintained in a manner that provides ease in the preparation of required reports?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are revenues and expenditures classified in the books of account in the same categories included in the budget?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. If not, are reports linked to the books by worksheets?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are bank accounts reconciled monthly?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Are internal control procedures documented (i.e., separation of duties, approvals, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Is there a comparison of budget to actual expenditures?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Is there an approved cost allocation plan for allocating indirect cost to grant programs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. If so, does the allocation process seem appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	_____

## METHOD FOR DRAWING FUNDS

1. Are funds requested based on actual cost?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are funds requested based on estimated cost?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are there times when excess cash is on hand?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are there times when there is a shortage of funds?	<input type="checkbox"/>	<input type="checkbox"/>	_____

## VENDOR PAYMENTS

	<u>Yes</u>	<u>No</u>	<u>Comment</u>
1. Is there approval for payment of invoices prior to payment actually being made?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is the approval evidenced by an initial on the face of the invoice?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are invoices canceled when paid?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are invoices coded with account codes to facilitate tracing through the accounting records?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are payments ever made based on a statement of account?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are documents supporting payments filed in such a way as to be readily located?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are expenditures made within the time restraints of the grant and charged to the correct accounting period?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are purchase orders used?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. If so, are expenditures supported by an approved purchase order?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are all contracts in writing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. If so, do they contain the appropriate nondiscrimination clauses?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Are expenditures in compliance with applicable cost principles?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Is prior approval by the grantor being obtained when required?	<input type="checkbox"/>	<input type="checkbox"/>	_____

## TRAVEL

1. Are expenditures charged to travel supported by a travel claim?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are travel charges in accordance with State of Tennessee Travel Regulations?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	<u>Yes</u>	<u>No</u>	<u>Comment</u>
3. Are advances for travel ever authorized?	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### **TIME AND ATTENDANCE RECORDS**

1. Are salaries/wages supported by time and attendance records?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are all the leave types addressed in the personnel policies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are all fringe benefits, except those required by law, addressed in the personnel policies?	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### **PROCUREMENT POLICIES**

1. Are there written procurement policies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Will adherence to the policies in your judgment result in obtaining the best quality of service or product at the best price?	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### **TITLE VI COMPLIANCE**

1. Name and title of TITLE VI Coordinator: \_\_\_\_\_
2. Attach a separate sheet detailing agency's interpretation of TITLE VI implementation and compliance.
3. Board of Directors or Advisory Board:
  - A. Total number of members: \_\_\_\_\_ # Non-white \_\_\_\_\_ # White \_\_\_\_\_
  - B. What is the term length for Board membership? \_\_\_\_\_  
\_\_\_\_\_
  - C. How are members of the Board selected? \_\_\_\_\_  
\_\_\_\_\_
  - D. If no Board members are minorities and minorities represent a minimum of 5% of the geographic service area population, what steps will be taken to obtain minority representation on the Board? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does agency have existing written policies regarding the acceptance of all persons seeking services and regarding the provision of services to such persons without regard to race, national origin, age, sex, religion, handicap or disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*\*\*\*ATTACH COPY OF WRITTEN POLICY\*\*\*\*\*

5. Are posters prominently displayed within facility concerning TITLE VI information?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where are posters displayed? \_\_\_\_\_

\_\_\_\_\_

6. Briefly state each step in agency's TITLE VI complaint procedure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. Are records kept of TITLE VI complaints? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Number of complaints for last fiscal year: \_\_\_\_\_

C. State name(s) and title(s) of person(s) who address and make reports of all complaints:

\_\_\_\_\_

\_\_\_\_\_

D. What are agency's policies and procedures for monitoring and enforcement of TITLE VI compliance?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Is information on TITLE VI and laws requiring equal services to all on the basis of non-discrimination disseminated to the general public, including minority groups? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state by whom and method used: \_\_\_\_\_

\_\_\_\_\_

8. Are applicants for services and clients informed of their rights under TITLE VI and under laws regarding non-discrimination, including the right to file a complaint? \_\_\_\_ Yes \_\_\_\_ No

If yes, state by whom and method used: \_\_\_\_\_

\_\_\_\_\_

9. Are new employees and volunteers informed of their responsibilities under TITLE VI and under laws regarding non-discrimination, and is such information periodically re-emphasized?

\_\_\_\_ Yes \_\_\_\_ No

If yes, state by whom and method used? \_\_\_\_\_

\_\_\_\_\_

10. List all agency sub-contracts with complete address and minority status: \_\_\_\_\_

\_\_\_\_\_

11. Do all direct service contracts for client services contain a TITLE VI clause? \_\_\_\_ Yes \_\_\_\_ No

\*\*\*\*\*ATTACH COPY OF TITLE VI CONTRACT STATEMENT\*\*\*\*\*

12. Are there additional efforts to disseminate TITLE VI information to vendors? \_\_\_\_ Yes \_\_\_\_ No

If yes, state by whom and method used: \_\_\_\_\_

\_\_\_\_\_

13. What are strengths and weaknesses of agency's TITLE VI Plan? \_\_\_\_\_

\_\_\_\_\_

14. Does agency need training or technical assistance for TITLE VI compliance? \_\_\_\_ Yes \_\_\_\_ No

## LISTING OF PERSONS PERFORMING VARIOUS FUNCTIONS

ACTION

NAME & TITLE

### APPROVES:

1. Invoices and Vouchers for payment \_\_\_\_\_
2. Journal Entries \_\_\_\_\_
3. Personnel Actions \_\_\_\_\_
4. Replenishment of Petty Cash Fund \_\_\_\_\_
5. Petty Cash Vouchers \_\_\_\_\_
6. Purchase Orders \_\_\_\_\_
7. Employee Timesheets \_\_\_\_\_
8. Capital Expenditures \_\_\_\_\_

### SIGNS:

1. Checks \_\_\_\_\_
2. Receiving Documents \_\_\_\_\_

REVIEWS TIMESHEETS: \_\_\_\_\_

### CERTIFIES PAYROLLS FOR:

1. Accuracy \_\_\_\_\_
2. Authenticity of payee \_\_\_\_\_

PREPARES PERSONNEL ACTIONS: \_\_\_\_\_

DISTRIBUTES PAYROLL CHECKS: \_\_\_\_\_

### OPENS:

1. Mail \_\_\_\_\_
2. Bank Statements \_\_\_\_\_

**LISTING OF PERSONS PERFORMING VARIOUS FUNCTIONS, Cont.**

**ACTION**

**NAME & TITLE**

**PREPARES:**

1. Daily Receipt Log \_\_\_\_\_
2. Daily Bank Deposit \_\_\_\_\_
3. Bank Reconciliation \_\_\_\_\_

**MAKES BANK DEPOSIT:** \_\_\_\_\_

**CUSTODIAN OF:**

1. Blank Checks \_\_\_\_\_
2. Mechanical Check Signer \_\_\_\_\_
3. Undelivered Checks \_\_\_\_\_
4. Petty Cash \_\_\_\_\_

**RECORDING OF TRANSACTIONS:**

1. Leave transactions to employee records \_\_\_\_\_
2. Transactions to Cash Receipt Journal \_\_\_\_\_
3. Transactions to Cash Disbursement Journal \_\_\_\_\_
4. Transactions to General Ledger \_\_\_\_\_
5. Transactions to the General Journal \_\_\_\_\_

**PREPARES TRIAL BALANCE:** \_\_\_\_\_

**MAINTAINS:**

1. Equipment records \_\_\_\_\_
2. Supplies Inventory records \_\_\_\_\_
3. Employee Personnel Files \_\_\_\_\_



**ACTION****NAME & TITLE****MAKES SURPRISE COUNTS OF:**

1. Equipment \_\_\_\_\_
2. Petty Cash \_\_\_\_\_
3. Supplies Inventory \_\_\_\_\_

**GENERAL OPERATIONAL INFORMATION**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 1. In the past twelve months has there been any change in structure/operations of your program?<br>If yes, please describe in detail.                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> <hr/> <hr/>   |                          |                          |
| 2. In the past twelve months has there been a staff turnover in key positions?<br>If yes, what are the affected positions and reasons for the turnover? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> <hr/> <hr/>   |                          |                          |
| 3. Do you have a written policies and procedures manual?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> <hr/> <hr/>   |                          |                          |
| 4. Are you licensed?<br>If yes, has there been any change in the license status recently?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> <hr/> <hr/>   |                          |                          |

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GENERAL OPERATIONAL INFORMATION, Cont.

	<u>Yes</u>	<u>No</u>
5. Are you accredited by any organization? If yes, has there been any change in the accreditation recently?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<hr/>		
<hr/>		
6. Do you operate any satellite sites?	<input type="checkbox"/>	<input type="checkbox"/>
7. How many locations do you operate?	<hr/>	
8. Is the management of the satellite offices decentralized or centralized?	<input type="checkbox"/>	<input type="checkbox"/>
9. Describe procedures for safeguarding confidential information.	<hr/>	
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OTHER COMMENTS:

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